



Frederick County Office of Sustainability and Environmental Resources (OSER)
2016 Power Saver Retrofits Program (PSR)
 For Moderate- and Low-Income Frederick County Homeowners



Applications reviewed and accepted on First-Come, First-Served basis.

Office Use: Date Rec. _____ PSR #: _____

1. APPLICANT (Items with * are Required)

*Name(s):	*Daytime Phone Number:
*Physical Street Address:	Alternate Phone Number:
*City, State, Zip Code	Email Address (*please include if available) :

2. ELIGIBILITY (Please check appropriate boxes in all sections)

2a. PREVIOUS PROGRAM PARTICIPATION: Has your household participated in any of the following programs to date?
 If YES, please check appropriate boxes.

- ☐ (A) County Power Saver Retrofits program in 2013, 2014, or 2015
- ☐ (B) Weatherization Assistance Program (WAP) with Frederick Community Action Agency within last 2 years
- ☐ (C) EmPOWER Maryland Low Income Energy Efficiency Programs (LIEEP)

If boxes (A) or (B) or (C) are checked, you are not eligible to participate in the 2015 PSR Program.

2b. HOME OWNERSHIP: Do you own your home? ☐ Yes ☐ No (If No, your household is not eligible)

Our home is a: ☐ Single-family home ☐ Duplex ☐ Townhome/Row home Approx. Age of Home or Year Built: _____

NOTE! Condominiums, mobile homes, and rental properties are NOT ELIGIBLE for PSR.

2c. INCOME is defined as the **combined gross income**, whether taxable or non-taxable, of all adults who live in the household, which includes but is not limited to: total income from salaries, wages, tips, child support, alimony, spousal support payments, interest, dividends, rental income, Aid to Families with Dependent Children, Social Security income, Veterans benefits, disability, unemployment, retirement, and public assistance.

Income may not exceed the following criteria. Select the category which applies to your household:

Household Size	Maximum Annual Gross Income	Household Size	Maximum Annual Gross Income
<input type="checkbox"/> 1 Person	\$65,000	<input type="checkbox"/> 5 People	\$100,300
<input type="checkbox"/> 2 People	\$74,300	<input type="checkbox"/> 6 People	\$107,700
<input type="checkbox"/> 3 People	\$83,550	<input type="checkbox"/> 7 People	\$115,200
<input type="checkbox"/> 4 People	\$92,800	<input type="checkbox"/> 8 People	\$122,550

2d. GROSS INCOME DOCUMENTATION: Check one or both boxes indicating the type of documentation attached.

A copy of pages 1-2 of the previous year's federal income tax return for each adult residing in your home (feel free to black out Social Security numbers, bank routing numbers, etc.); or

- ☐ A copy of pages 1-2 of the previous year's federal income tax return for each adult residing in your home (feel free to black out Social Security numbers, bank routing numbers, etc.); and/or
- ☐ Documentation of other income or financial assistance (e.g., Social Security benefits, Unemployment Statement, Section 8, etc.)

OSER Use Only: Reviewed by _____ Date: _____ ☐ Eligibility Doc Complete ☐ Approved _____ ☐ Denied

☐ Wait Listed WL Number _____ ☐ Applicant Notified ☐ Entered in DBMS _____ Assigned to: _____

3. HOME AND UTILITY INFORMATION

Utility Bill Information

____ (Initial) I understand that at the time of our Home Performance with Energy Star Audit, or initial site visit from the PSR Contractor, I will need to produce **recent copies of utility bills** (preferably those that show 12 months of usage).

Please check the boxes next to the types of utility bills your household receives:

☐ Electric ☐ Oil ☐ Gas ☐ Propane ☐ Other Fuel Type: _____

Wood Burning Fireplace: Do you use a wood-burning fireplace in winter? ☐ Yes ☐ No

If YES, ____ (initial) I agree to clear out all ash before the audit is performed.

Health and Safety Issues and Repairs

Unvented Combustion Appliances: Do you know of any unvented combustion appliances in your home? This includes, wood, gas, or oil units that do not vent exhaust gas out of the house? ☐ Yes ☐ No

If YES, where:

Asbestos Materials: Do you know of any asbestos materials in your home including Vermiculite Insulation? ☐ Yes ☐ No

If YES, where:

Mold: Are you aware of the presence of mold in any part of your home? ☐ Yes ☐ No

If YES, where:

Water: Are you aware of the presence of water or leaks in any part of your home? ☐ Yes ☐ No

If YES, where:

Electrical: Do you know of any electrical problems in any part of your home, such as knob-and-tube wiring? ☐ Yes ☐ No

If YES, where:

Health and Safety Issues and Repairs

____ (Initial) I understand that my home may have health and safety issues that could make my home ineligible for PSR unless fixed in a timely manner prior to energy efficiency upgrades. I understand that up to \$1,000 of PSR funds may be used to rectify health and safety issues, but that remediation of asbestos, mold, and other issues are likely to cost more than \$1,000. If repairs will cost more than \$1,000 and I still want to participate in PSR, I understand that I will be responsible for the cost of repairs over \$1,000. I understand that if health and safety repairs cannot be (a) rectified for \$1,000 and I cannot pay more for repairs, or (b) completed within 3 weeks of their identification, I may become ineligible for PSR.

Understanding of Project Eligibility based on Energy Savings Requirement

____ (Initial) I understand that the Maryland Energy Administration, which funds this PSR program, requires that the estimated savings from all installed energy efficiency improvements over 10 years be equal to, or greater than, the total cost of the improvements. This is referred to as the "10 Year Payback" but does not mean that any costs need to be paid back by the homeowner. If the Payback period is determined to be more than 10 years, retrofits that may be recommended during the audit are not eligible for PSR, but could be contracted separately and be eligible for the 50% Home Performance with Energy Star rebates (up to \$2,000).

Current Concerns about Home

Please tell us what concerns you have about your home that relate to energy.

- | | |
|--|--|
| <input type="checkbox"/> High Utility Bills | <input type="checkbox"/> Rooms that are too cold or too hot |
| <input type="checkbox"/> Drafts | <input type="checkbox"/> Problems with Heating Systems ; Describe: _____ |
| <input type="checkbox"/> Old or Leaky Windows | <input type="checkbox"/> Problems with Cooling Systems ; Describe: _____ |
| <input type="checkbox"/> Cold Floors | <input type="checkbox"/> Old or Malfunctioning Appliances; Which? _____ |
| <input type="checkbox"/> Old or problematic hot water heater | |
| <input type="checkbox"/> Other: _____ | |

Energy Efficiency Measures Your Household Has Taken in Last 5 Years

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Had Energy Audit (\$100 Home Performance with Energy Star Audit) | <input type="checkbox"/> Had no-cost Quick Home Energy Check-Up | | |
| <input type="checkbox"/> Added attic air sealing and insulation | <input type="checkbox"/> Added wall insulation | <input type="checkbox"/> Improved basement Insulation | |
| <input type="checkbox"/> Replaced windows | <input type="checkbox"/> Sealed ductwork | <input type="checkbox"/> Insulated ductwork | <input type="checkbox"/> Installed efficient furnace |
| <input type="checkbox"/> Installed efficient air conditioning system | <input type="checkbox"/> Added weatherstripping to doors/windows | <input type="checkbox"/> Installed efficient light bulbs | |
| <input type="checkbox"/> Purchased Energy Star appliances; which ones? _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

PSR GOALS: What are the key things you are looking to improve about your home's energy efficiency?

4. GREEN HOMES CHALLENGE REGISTRATION (REQUIRED)

PSR is a special initiative of the **Green Homes Challenge**, a program that helps residents reduce electricity and utility bills, adopt environmentally friendly practices, and use renewable energy. To participate PSR, you must register with the Green Homes Challenge at www.FrederickGreenChallenge.org and mark as COMPLETED at least one Power Saver action. If you need assistance, or do not have internet access, contact Lisa Orr at 301.600.6864 or LOrr@FrederickCountyMD.gov.

- ☐ I have registered with FrederickGreenChallenge.org and marked at least 1 Power Saver action as COMPLETE.
- ☐ I need assistance with registering and using FrederickGreenChallenge.org. Please contact me.
- ☐ (Required) I understand that upon completion of the PSR program, I should update my FrederickGreenChallenge.org records with PSR improvements and other commitments. If I do not, I understand that OSER staff will update my account accordingly.

5. OSER QUARTERLY NEWSLETTER

PSR participants with email addresses will receive OSER's quarterly electronic newsletter. This is a great way to stay informed about upcoming programs, opportunities, and incentives that can help your household go green, save money, and much more.

- ☐ No thank you. I do not wish to receive OSER's quarterly newsletter.

6. INTERESTED IN RENEWABLE ENERGY OR AFFORDABLE SOLAR ELECTRICITY FOR YOUR HOME?

OSER keeps abreast of cost-saving opportunities that help residents use renewable energy. Such opportunities might include purchasing electricity from wind farms or community solar projects, or reduced-cost bulk purchasing opportunities for residential solar electric arrays. If you would like to be kept informed about such opportunities, please answer the following questions.

- ☐ **YES**, keep me informed about future cost-saving opportunities or workshops that help residents use renewable energy.

7. SIGNATURE (REQUIRED)

Information provided on this application is true and correct. I understand that providing incorrect information or misrepresenting information will result in disqualification. I understand that the PSR Contractor will (a) determine and prioritize recommended retrofits to achieve the greatest energy savings within the budget allocated for each home, and based on my home's characteristics, and (b) submit a Proposal to implement retrofits prioritized for energy savings for approval by me and the PSR Coordinator.

*Signature: _____ Date: _____

8. SUBMIT YOUR APPLICATION (2 OPTIONS)

- ☐ **Make an in-person appointment.** Call Lisa Orr at 301.600.6864.
On the day of your appointment, bring this application and the following supporting documents with you:
- ☐ A copy of pages 1-2 of the previous year's federal income tax return for each adult residing in your home.
 - ☐ Documentation of other income or financial assistance (e.g., Social Security benefits, Unemployment Statement, Section 8, etc.)
- During your appointment, you will be screened for eligibility. You will also learn about other incentives and programs that can save energy and money and you will be registered with, and learn how to use Frederick County's interactive Green Homes Challenge.*
- ☐ **EMAIL, FAX, or MAIL your application and the supporting documents listed immediately above to Lisa Orr. Email:**
LOrr@FrederickCountyMD.gov FAX: 301.600.2054
Mail: Lisa Orr, Office of Sustainability and Environmental Resources, 30 N. Market St., Frederick, MD 21701
We'll contact you about program acceptance and, if needed, help you get started with the interactive Green Homes Challenge.

Customer Consent to Obtain Energy Information

The Maryland Energy Administration (MEA) works to promote affordable, reliable, clean energy. As part of this mission, MEA administers programs that are geared towards making Maryland homes and businesses more comfortable, efficient, and affordable through energy savings measures.

WHY WE NEED A RELEASE – For our clean energy programs to be successful, MEA needs to compare energy use before and after energy upgrades. To understand how effective these measures are in reducing your energy bills, we need access to your home's/building's actual energy data for up to three years after the planned energy upgrade of your home/building. This data will allow us to evaluate measure and verify the effectiveness of our programs in order to provide Maryland with the best energy programs possible. We take the security and privacy of your information very seriously. To the fullest extent permissible under the Maryland Public Information Act, §10-611 et seq. of the State Government Article, MEA will not divulge any of your confidential information outside of the agency or use it for any other purpose. **This is a voluntary form.**

Utility and Energy Supplier Information

Gas Utility: _____ Account #: _____

Electric Utility: _____ Account #: _____

Other Fuel Supplier: _____ ☐ Oil ☐ Propane Account #: _____

Utility and Energy Supplier and Program Information Release

ENERGY USAGE INFORMATION RELEASE: As the account holder, I hereby authorize the utilities and fuel or energy suppliers named above to release account and energy information (including my name, address, account number, and usage) to MEA, solely for confidential use in connection with calculating energy savings estimates and evaluating the effectiveness of the program I have agreed to participate in. This authorization is given for monthly electric and natural gas and annual fuel oil and bottled propane consumption data for my household for up to 3 years after the date entered by the participant on this form.

PROGRAM DATA RELEASE: MEA will on occasion publicly report on program progress. Any public report released by MEA in conjunction with this program will have all personal information such as name, address and account number removed before it is released.

RELEASE PERIOD: This authorization covers the period starting 1 year before the date below and ending 3 years after the date below. You may revoke this consent at any time in writing to MEA. The revocation will be effective upon receipt by MEA of your written revocation of consent.

CONSENT: I understand and agree that my account information (including my name, address, account number, and usage or consumption information) will be provided to MEA by the above-named utilities and fuel or energy suppliers for the sole and limited purpose of evaluation, measurement and verification. By signing this release, I authorize the above-named utilities and fuel or energy suppliers to release my customer account information to MEA.

Signature: _____ Date: _____

Printed Name: _____

Address of Household/Building Participating in the MEA funded Power Saver Retrofits Program:

Address: _____



Frederick County 2016 Power Saver Retrofits

Homeowner Agreement and Release of Liability

(1) I, _____ (print name), hereby agree to participate, if selected, in Frederick County's Power Saver Retrofits (PSR) Program coordinated by the Frederick County Office of Sustainability and Environmental Resources (OSER).

(2) _____ (initial) I understand that to be eligible for participation the PSR Program, I must qualify as moderate- or low-income based on family size and gross income:

1-Person Household	2-Person Household	3-Person Household	4-Person Household	5-Person Household	6-Person Household	7-Person Household	8-Person Household
\$65,000	\$74,300	\$83,550	\$92,800	\$100,300	\$107,700	\$115,200	\$122,550

(3) _____ (initial) I understand that my home must be located in Frederick County, Maryland in order to be eligible for PSR. I understand that I must register for the Green Homes Challenge and work toward Power Saver Certification in order to be eligible for PSR.

(4) _____ (initial) I understand that if selected as a participant in the PSR Program, I will accept one or more of the following residential energy retrofit services, and that these services will be performed at no cost to the homeowner by a professional private contractor trained in these specific services and selected by OSER to serve as a PSR Contractor.

- Home energy audit
- Combustion testing
- Duct testing
- Low-flow aerator and showerhead installation
- Light bulb replacement
- Programmable thermostat installation
- Carbon monoxide detector installation
- Hot water heater wrap installation
- Hot water pipe insulation
- Attic air sealing and insulation
- Attic access air sealing and insulation
- Basement/crawlspace air sealing and insulation
- Basement/crawlspace access sealing and insulation
- Caulking/weather-stripping of windows and doors
- Duct sealing and insulation
- Appliance Upgrades (hot water heater, clothes washer, refrigerator, window A/C Unit)
- Heating or cooling system (HVAC) tune-up or upgrade to an Energy Star model
- Health and safety repairs if needed prior to air sealing and insulation

(5) _____ (initial) I understand that the following are NOT INCLUDED in the PSR Program:

- Window improvements or replacements (unless a broken window meets health and safety repair criteria)
- Replacement of stoves or ovens
- Replacement of a stand-alone furnace or air conditioning unit, without other energy efficiency measures

(6) _____ (initial) The grant funding the PSR program limits refrigerator upgrade costs to \$800. If an Energy Star® refrigerator upgrade is recommended for my home, I understand that refrigerator sizes and models offered through the PSR program are extremely limited. I understand that there are no options to request other models even I am able and willing to pay the cost difference.

(7) _____ (initial) I understand that, if I am selected, a PSR Contractor will visit my home to perform a Home Performance with Energy Star audit, perform combustion appliance safety testing, and/or determine the scope of services appropriate from the above list. I understand that the PSR Contractor will determine and prioritize the retrofits recommended to achieve the greatest energy savings within the budget limits allocated for each home, and based on my home's size and characteristics: either (a) \$8,000 for audit, energy efficiency improvements, HVAC upgrades, and, if needed, health and safety repairs; or (b) \$5,000 for audit, energy efficiency improvements, and if needed health and safety repairs and. I understand that OSER and I will both approve the PSR Contractor's proposed project list, costs, and contract before the work is undertaken. I understand that OSER may assess the completed work before payment is made to the PSR Contractor. I agree to be available at home when the PSR Contractor comes to do the audit, the retrofit work, and the test-out procedures and follow-up educational consult (2-5 visits).

(8) _____ (initial) If selected as a participant in PSR, I understand that there is no cost or fee to participate and that OSER will pay up to either \$5,000 or \$8,000 only for recommended eligible projects that will result in energy savings over a 10-year period that are equal or greater than the total cost of the improvements (total cost of energy improvements/estimated annual utility bill savings = 10 or less).

(9) _____ (initial) I understand that if I want recommended weatherization improvements that exceed either the \$5,000 or \$8,000 cap, and I am willing to pay for them myself, I will contract for these services independently and directly with the PSR Contractor and that in such case OSER will NOT act in any administrative or oversight capacity in connection with the additional improvements. Upon completion of any independently contracted work, I will submit my required payment directly to the PSR Contractor. I understand that any expenses paid for by OSER will not be eligible for a federal energy tax credit or Potomac Edison Home Performance with Energy Star Rebates or Residential HVAC rebates. I understand that projects I pay for (over the \$5,000 or \$8,000 limit) may be eligible for rebates or tax credits and that I am responsible for determining eligibility by consulting with the PSR Contractor, the utility rebate and my tax advisor.

(10) _____ (initial) I understand that if the audit determines that my heating or cooling system (HVAC) needs to be upgraded to an Energy Star model, that only the Energy Star rated heat pump, furnace, or boiler models offered by the PSR contractor are available for installation. I understand that I cannot request any substitute models even if I am willing to pay the additional cost for a substitute model and regardless of the efficiency rating of a substitute model.

(11) _____ (initial) I understand that up to \$1,000 of the \$5,000 or \$8,000 limits may be used for health and safety repairs deemed necessary by the PSR Contractor before air sealing, insulation, or other energy efficiency improvements or upgrades can occur. I understand that the PSR Contractor or OSER may determine that for some reason this work cannot be performed. Reasons for not being able to perform this work include (but are not limited to) necessary health and safety repairs that will cost more than \$1,000; the presence of hazardous conditions such as mold or unsafe electrical wiring, significant structural problems; evidence of water infiltration; failure of combustion appliance safety testing; presence of unvented combustion appliances in the living space; or inability to access work spaces. If the PSR Contractor determines that work cannot be performed, I understand that my house will be removed from the PSR program.

(12) _____ (initial) If selected as a participant, I understand that I must, as needed, remove or set aside stored items in my attic, basement, or anywhere PSR work will be done, so that the PSR Contractor can seal air leaks and add insulation. This includes any temporary boards, doors, or any other objects used as walking surfaces or other barriers that cover or limit access to existing insulation, ceiling joists, rafters, knee walls, rim joists, or any other structural component of the house. I understand that Frederick County and the PSR contractors are not responsible for any problems that arise due to obstructions left where energy efficiency retrofit work is conducted.

(13) _____ (initial) I understand that OSER may conduct a short educational consult and/or a walk-through inspection of the PSR work once it is completed by the PSR Contractor. I understand that I must allow for scheduling and home access for an educational consult and walk-through within three weeks of the retrofit completion.

(14) _____ (initial) If selected as a participant, I consent to the sharing of my energy audit report results, combustion testing results, duct testing results, blower door testing results, utility and energy supplier information, proposed projects, contractor project agreement, and photos of homeowner and completed projects with OSER and, if requested, the Maryland Energy Administration. I agree to respond to a post-retrofit survey regarding my experience.

(15) _____ (initial) I understand that my participation in PSR is contingent upon the maintenance of grant funding for PSR by the Maryland Energy Administration, and on Frederick County's ability to secure contracts with qualified PSR Contractors for performance of the PSR work.

(16) _____ (initial) I understand that the retrofit funding amount may or may not be considered taxable income. I will consult with my tax advisor for additional guidance.

(18) _____ (initial) By my signature below, I hereby state that I am 18 years of age or older and that I am an owner of the property at the address below. I recognize that Frederick County, OSER, and their staff, and agents have not undertaken any duty or responsibility for my safety or any duty, responsibility, or warranty with regard to the work provided as a part or as a result of this Agreement. I hereby release and covenant not to sue or make any claims of any type against Frederick County and/or their directors, officers, employees, and/or other agents arising out of or related in any way (either in whole or in part) to my participation in PSR. The PSR Contractor is an independent contractor and is not an agent or employee of Frederick County or OSER for the purposes of this agreement.

(19) _____ (initial) By my signature below, I warrant that I am not relying on any oral representations, statements, or inducements apart from the statements made on this form.

I have read this entire Agreement and Release and I fully understand it. I am aware that this agreement has legal implications, including but not limited to, a release of liability, and I agree to be legally bound by it.

Home Owner Signature Block: (REQUIRED)

Signed: _____ Date: _____

FULL printed name: _____

Address: _____ Zip code: _____

Primary Daytime Phone _____ Alternative Daytime Phone: _____

Email: _____



REQUIRED: Witness Signature Block (Can be anyone who knows you):

Witness signature: _____ Printed Name: _____ Date: _____

Co-Owners Signature Block (Required, If Applicable)

The co-owners of our home acknowledge and agree to each of the terms and conditions of this Agreement.

FULL name(s) of Co-owners of property: _____

Signatures of Co-owners of property: _____